

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09612254	FILING DATE	
							APPLICANT(S)		
							CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							61		
2							62		
3							63		
4							64		
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50									
TOTAL IND.	6		6		6		TOTAL IND.		
TOTAL DEP.	32		32		32		TOTAL DEP.		
TOTAL CLAIMS	38		38		38		TOTAL CLAIMS		

PTO-1380 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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